

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO

10) 596203

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5		2				
6		1				
7		1				
8		1				
9		1				
10		2				
11		1				
12		1				
13		1				
14		2				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
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23		2				
24		1				
25		1				
26		1				
27		2				
28		1				
29		1				
30		1				
31		1				
32		2				
33		2				
34		2				
35		1				
36		1				
37		1				
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39		1				
40		1				
41		3				
42		3				
43		1				
44		1				
45		1				
46		1				
47	1		1			
48	1		1			
49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		44	←		←
TOTAL CLAIMS			48			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						